

ICMJE DISCLOSURE FORM

Date: 4/28/2023

Your Name: Kristine Ifigenia Bunyoz

Manuscript Title: The feasibility and safety of lateral unicompartmental knee arthroplasty in a fast-track setting – a prospective cohort study of 170 procedures.

Manuscript Number (if known): 16851

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 5/5/2023

Your Name: Christoffer Calov Jørgensen

Manuscript Title: The feasibility and safety of lateral unicompartmental knee arthroplasty in a fast-track setting – a prospective cohort study of 170 procedures.

Manuscript Number (if known): 16851

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/28/2023

Your Name: Pelle Baggesgaard Petersen

Manuscript Title: The feasibility and safety of lateral unicompartmental knee arthroplasty in a fast-track setting – a prospective cohort study of 170 procedures.

Manuscript Number (if known): 16851

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input type="checkbox"/> None	
		Sanofi-Aventis	Steering committee honorarium
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 4/28/2023

Your Name: Henrik Kehlet

Manuscript Title: The feasibility and safety of lateral unicompartmental knee arthroplasty in a fast-track setting – a prospective cohort study of 170 procedures.

Manuscript Number (if known): 16851

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

JJ
Amkewat 1/5-23

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: April 28, 2023 _____

Your Name: Kirill Gromov _____

Manuscript Title: The feasibility and safety of lateral unicompartmental knee arthroplasty in a fast-track setting – a prospective cohort study of 170 procedures

Manuscript number (if known): 16851

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> Zimmer Biomet	Research support and institutional support
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

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 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: April 28, 2023

Your Name: Anders Troelsen

Manuscript Title: The feasibility and safety of lateral unicompartmental knee arthroplasty in a fast-track setting – a prospective cohort study of 170 procedures

Manuscript number (if known): 16851

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> Zimmer Biomet	Research support, travel/accommodations/ meeting expenses unrelated to activities listed
		Pfizer Denmark	Research support

3	Royalties or licenses	<u> </u> X <u> </u> None	
4	Consulting fees	<u> </u> X <u> </u> Zimmer Biomet	Consultancy
		Pfizer Denmark	Consultancy
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> X <u> </u> Danish Knee Arthroplasty register	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> X <u> </u> Zimmer Biomet	Advisory board member
		Pfizer Denmark	Advisory board member
11	Stock or stock options	<u> </u> X <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> X <u> </u> None	
13	Other financial or non-financial interests	<u> </u> X <u> </u> None	

Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.